

**KENTUCKY COMMUNITY CRISIS RESPONSE BOARD
PANDEMIC INFLUENZA PREPAREDNESS PLAN
PSYCHOSOCIAL CONSIDERATIONS SUPPLEMENT IX**

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**PSYCHOSOCIAL CONSIDERATIONS
KENTUCKY COMMUNITY CRISIS RESPONSE BOARD
INFLUENZA PANDEMIC RESPONSE**

I. RATIONALE / OVERVIEW

This supplement to the Kentucky Pandemic Influenza Response Plan addresses the all-hazards approach the Kentucky Community Crisis Response Board (KCCRB) will take in response to situations as they relate to the psychological and behavioral effects of pandemic influenza.

From the past, we know that psychosocial considerations are an important part of a public health emergency. According to the September 2003 report, *SARS: Lessons from the first epidemic of the 21st century* prepared by the Directorate of Intelligence of the Central Intelligence Agency, (unclassified) "...understanding and managing the public's psychological and behavioral reactions to an unexpected outbreak of infectious disease are integral to successful response and containment."

KCCRB is responsible for periodically reviewing and updating this plan to ensure that information contained within the document is consistent with current knowledge and changing infrastructure. While this supplement serves as a guide specifically for influenza intervention activities during a pandemic, the judgment of public health leadership based on knowledge of the specific virus may alter the strategies that have been outlined. Priorities of KCCRB during pandemic influenza will be to assess, coordinate and deliver essential disaster behavioral health services as needed.

II. SCOPE OF OPERATIONS

All persons affected by disaster, whether impacted civilian populations or personnel assigned to emergency oriented missions within Kentucky, will have available to them the services of the KCCRB and the Kentucky Community Crisis Response Team (KCCRT).

KCCRB will operate within the established incident command structure.

III. SITUATION AND ASSUMPTIONS

- An influenza pandemic in Kentucky will present a massive test of the emergency preparedness system. Advance planning for Kentucky's emergency response could save lives and prevent substantial economic loss.
- A pandemic will pose significant threats to human infrastructure responsible for critical community services due to widespread absenteeism.
- Many geographic areas within Kentucky and its neighboring jurisdictions may be affected simultaneously. Localities should be prepared to rely on their own resources to respond. The effect of pandemic influenza on individual communities will be relatively prolonged (weeks to months) in comparison to other types of disasters.
- Kentucky's healthcare and behavioral health delivery systems will be significantly taxed by the increased demand for services precipitated by a

- prolonged event. Healthcare workers and other first responders may be at higher risk of exposure and illness than the general population, further straining the healthcare system.
- Widespread illness in the community could increase the likelihood of sudden and potentially significant shortages of personnel in other sectors who provide critical public safety services.
 - An effective response to an influenza pandemic will require the coordinated efforts of a wide variety of organizations, private as well as public.
 - Disasters, by their inherent conditions, produce the need for behavioral health response. Responding to the psychological and emotional impact of disasters for everyone involved is an integral part of a comprehensive and effective disaster response and recovery strategy. Therefore, a behavioral health response should be made available to individuals at various venues such as home, school, shelter, hospital, and isolation/quarantine areas.
 - Individuals psychologically impacted often include those involved in treating the physical casualties. In fact, disaster responders, including medical personnel, are a high-risk group for developing stress and trauma-related disorders. Certain members of the workforce (e.g. healthcare workers) may be at increased risk of infection. Those workers at increased risk of infection are an especially vulnerable group due to a real or perceived increased risk of becoming infected themselves, and/or transmitting infection to their friends and families. In addition to assuring access to personal protective equipment, vaccination and prophylactic treatments for first responders and frontline healthcare workers, healthcare organizations need to direct attention to mitigating the stress-related psychological effects of disaster response on these individuals. Hence, there is a particular need for sensitivity to personal concerns and obligations when workers, for instance, may be separated from their families and loved ones for long hours and even days.
 - An influenza pandemic may pose substantial short-term and long-term physical, personal, social, and emotional challenges to individuals and/or the community at large.
 - In an influenza pandemic, there may be short and/or long term effects on the behavioral health of individuals due to direct experience with sick and dying loved ones, and on the population as a whole. The particular behavioral health needs of marginalized populations such as homeless people also need to be considered. Along with additional pandemic-related behavioral health needs of the community, providing care for those with pre-existing mental illness will need to continue.

IV. CONCEPT OF OPERATIONS

KCCRB will organize mental health response into a comprehensive network to conduct Emergency Support Function #8 - mitigation of the psychosocial impact of any mass casualty incident in coordination with Local Management Entities (LMEs), Red Cross, faith-based entities, KCCRT cadre of trained volunteers, KCCRB recognized teams, and private behavioral health partners. Provision of local behavioral response will be administered as available resources permit.

Because some or all of the state-level resources may quickly be exhausted, KCCRB may need to request assistance from Federal Emergency Management Agency (FEMA), the National Disaster Medical System (NDMS) and other states through the Emergency Management Assistance Compact. NDMS consists of the Disaster Medical Assistance Team, the Disaster Mortuary Operation Response Team, Medical Support Unit, Mental Health and Stress Management teams, and the Veterinary Medical Assistance Team. To this end, KCCRB will:

- Conduct assessments relating to space and site resource inventories to determine the availability of staff at shelters, schools, gymnasiums, nursing homes, day care centers, and other potential sites for aggregate care.
- Assess related behavioral health needs of community, victims, families, behavioral health consumers, and emergency workers and their families, in cooperation with local/regional behavioral health centers.
- Provide oversight and coordination of a state response by promoting psychological first aid and resilience for victims and their families as well as first responders and healthcare workers.
- Provide outreach workers with literature and educational materials, for community-wide distribution, on the human response to disaster and stress reduction and self-help information. Support public health community education efforts.
- Be mindful of the “contagion” factor, thus warranting coordination with a Public Information Officer to assist in providing accurate information to the public. It may be necessary to do “virtual” behavioral health response via media (TV, radio, newspaper). This will include press releases that address fear and other psychological reactions to an influenza pandemic.
- Educate healthcare providers, behavioral health responders and the public about the side effects of antivirals.
- Provide assistance to the Kentucky Cabinet for Health and Family Services that will:
 - Provide information and education via phone line for the community
 - Assure consumers’ behavior health concerns are addressed
 - Provide multilingual information as needed
- In the event of a Presidential Declaration of disaster, initiate the application process for federal funding by applying for all FEMA funded disaster crisis counseling assistance grants. Prepare mandated reports for the federal government.
- Institutionalize psychosocial support services in order to help workers manage emotional stress during the response to an influenza pandemic and to resolve related personal, professional and family issues.
- Train behavioral healthcare staff and first responders on how to:
 - Help victims of a disaster emergency deal with the trauma directly associated with an emergency or disaster
- Provide immediate support
- Make appropriate referrals for continuing services.

- Create a plan for continuity of KCCRB operations in case of increased workload or staff losses during a pandemic

(For more information on psychosocial considerations and information needs for healthcare workers, refer to US DHHS Pandemic Influenza Plan, *Supplement 11: Workforce Support*)

V. GUIDELINES FOR RESPONSE PHASES

It is expected that an influenza pandemic will occur in the phases listed below. In actual practice, the distinction between the various phases of pandemic influenza may be blurred or occur in a matter of hours, underscoring the need for flexibility. The response for KCCRB is detailed in each phase.

A. Interpandemic Phases 1 and 2

- Identify private and public sector disaster behavioral health responding partners in the planning process. Foster coordination and participation among private and public sector partners in the planning process.
- Work with agencies to develop contingency plans for large-scale public health disasters like an influenza pandemic.
- Coordinate planning with federal agencies and other neighboring states.
- Provide education and planning guidance to responding disaster behavioral health partners and the community on preparing for and responding to an influenza pandemic.
- Identify major gaps in current ability to effectively respond to an influenza pandemic. Explore possible avenues for addressing and resolving gaps.

B. Pandemic Alert Phase 3

- Notify Local Management Entities (LME) and community partners of the pandemic alert phase 3 (human infections with a new influenza subtype).
- Designate an official contact person to receive updates.

C. Pandemic Alert Phase 4

- Update LME and community disaster behavioral health partners of Pandemic Alert Phase 4 (small clusters of human-to-human transmission of new influenza subtype).
- Monitor bulletins from CDC, WHO, and HAN regarding clinical updates, as appropriate
- Review and update pandemic influenza response and contingency plans.

D. Pandemic Alert Phase 5

- Notify LME and community disaster behavioral health partners of the potential for an influenza pandemic in Kentucky to ensure adequacy of behavioral health response.
- Continue to review pandemic influenza response and contingency plans for large scale public health disasters

- Monitor bulletins from CDC, WHO, and HAN regarding clinical updates as appropriate

E. Pandemic Phase 6

- Implement contingency plans for large-scale public health disasters.
- Ensure a designated agency contact available to receive updates from KCCRB
- Provide regular updates to LMEs and community disaster behavioral health partners about gaps in agency services.
- Coordinate use of available disaster behavioral health resources during pandemic, including private, public and volunteer resources.
- Coordinate disaster behavioral health activities with other stated and federal health agencies.
- Assess effectiveness of local response and available local capacity.
- Monitor response of KCCRB during pandemic, re-allocate resources as needed
- Apply for FEMA grants as needed.
- Monitor bulletins from CDC, WHO, and HAN regarding clinical updates as appropriate

F. Second or Subsequent Waves

- Continue all activities listed under Pandemic Phase 6.
- Review, evaluate and modify as needs, the local pandemic response
- Monitor resources and staffing needs.

G. Postpandemic Period

- Assess state and local capacity to resume normal behavioral health functions.
- Assess fiscal impact of pandemic response.
- Modify the pandemic influenza response and contingency plans based on lessons learned.

REFERENCES

Appendix M-1, North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services Influenza Pandemic Response Plan
 Center for Mental Health Services. (2004). *Mental Health Response to Mass Violence and Terrorism: A Training Manual*. HHS Pub. No. SMA 3959. Rockville, MD.
 National Institute of Mental Health (2002). *Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practice*. NIH Publication No. 02-5138, Washington, C.C.: U.S. Government Printing Office.
 U.S. Department of Health and Human Services. (2005). *Pandemic Influenza Preparedness and Response Plan*. Washington, D.C.
 World Health Organization. (2005). *Responding to the Avian Influenza Pandemic Threat. Recommended strategic actions*. Communicable Disease Surveillance and Response Global Influenza Programme. Geneva, Switzerland

WEBLINKS

KCCRB <http://kccrb.ky.gov/>

American Psychiatric Association. www.psych.org/disasterpsych

American Psychological Association Help Center www.apahelpcenter.org

National Center for PTSD, Department of Veterans' Affairs www.ncptsd.va.gov/

National Child Traumatic Stress Network www.nctsnet.org